



GUAM STATE CLEARINGHOUSE (GSC)

Grant Project Application
Notification of Intent to Apply for Federal Assistance

DUNS Number 778904292

Date received: JUN 26 2009

Received by: G. Mendiola

SAI No.: 0180906111N

for Guam State Clearinghouse use only
6-017

1) Applicant Department/Entity:

Guam Public Library System

2) Division:

3) Applicant Address:

254 Martyr Street, Hagatna, Guam 96910-5141

4) Contact Person, Phone Number, E-mail:

Sandra M. Stanley
475-4753/54
sandra.stanley@gpls.guam.gov

5) Due Date to Federal Agency:

July 1, 2009

6) Federal Funds:

a. Grant \$ 190,000.00

b. Other \$

7) Non-Federal, Matching Funds:

a. Local \$

b. In-Kind \$

c. Other \$

8) Total Funds: \$

\$190,000.00

9) Federal Program/ Project

2009 Congressional Directed Grant

10) Federal Domestic Catalog No., Public Law No. and Title:

45.312

11) Federal Agency Name:

Institute of Museum and Library Services

12) Federal Agency Address:

1800 M Street, NW 9th Floor
Washington, DC 20036-5802

13) Type of Application:

☒ New Grant

☐ Continuing Grant*

☐ Supplemental Grant*

☐ Other (Specify) _____

**Proceed to Question 14. Question 14 only applicable to CONTINUING and SUPPLEMENTAL grants.*

- 14) If grant application is for a continuing or supplemental grant, please provide the following:
(a) Initial date of grant period _____
(b) Guam State Clearinghouse Application number _____

Also, what grant year of the program's effective funding period, does this application impact?

15) Has federal funding agency been notified? ☐ Yes ☐ No

16) During which Fiscal Year will this program be implemented? Fiscal Year

17) If project includes local funding, identify source and rationale (BE SPECIFIC):

18) Is this program: ☒ BUDGETED (please identify legal budget authority: _____)
☒ NON-BUDGETED

19) Will this program require hiring of new employees? If YES, please provide number of employees (both existing and new) and justification. ☐ YES (Existing _____ New _____) ☒ NO

20) Funding Method:

YEAR		<u>FEDERAL</u>		<u>LOCAL</u>		<u>TOTAL</u>
First Year	100 %	<input type="text" value="190,000.00"/>	%	<input type="text"/>		<input type="text" value="190,000.00"/>
Second Year	%	<input type="text"/>	%	<input type="text"/>		<input type="text"/>
Third Year	%	<input type="text"/>	%	<input type="text"/>		<input type="text"/>
Fourth Year	%	<input type="text"/>	%	<input type="text"/>		<input type="text"/>
Fifth Year	%	<input type="text"/>	%	<input type="text"/>		<input type="text"/>

21) List of Departments or Agencies that would be affected directly or indirectly by this application:

22) Summary of Project (Attach Supporting Documents as Necessary):

Provide the Guam Public Library System staff with the necessary tools, supplies and equipment needed to effectively improve its literacy programs and patron library services and adequately run its library facilities in Hagatna, Guam (Main Library) and its five library branches in Agat, Barrigada, Dededo, Merizo and Yona, including the Bookmobile within the goals and objectives in the current GPLS Five-Year Plan.

23) Does this application require an Environmental Impact Study?

☐ YES ☒ NO

24) Will this application conflict with any existing law?

☐ YES ☒ NO

25) Is enabling legislation required?

☐ YES ☒ NO

26) Will this program require maintenance of effort?

☐ YES ☒ NO

27) Does the granting agency provide for in-kind services to offset the local matching requirement?

☐ YES ☒ NO

28) Please provide the constant utilized to determine or calculate the allowable off-sets for amounts that may be claimed as in-kind.

29) Does the proposed program allow for pass through funding requiring services from sub-grantees or private contracts to accomplish its intended purpose?

☐ YES ☒ NO

30) Does the program require the grantee to negotiate an indirect cost plan?

☐ YES (please provide Negotiated Indirect Cost Rate percentage _____ %)

☒ NO

31) Has the grantee estimated the indirect cost within the proposed grant budget?

☐ YES ☒ NO

SUBMITTED AND APPROVED BY:

Signature of Authorized Representative:



Name of Authorized Representative:

Michael W. Cruz, M.D.

Position/Title of Authorized Representative:

Acting Governor of Guam

Date:

JUN 26 2009